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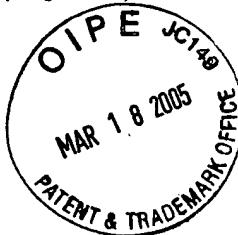
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38427 7590 12/23/2004

MARK R. BUSCHER
 P.O. BOX 161
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03/18/2005 MGEBREM2 00000008 09855710

01 FC:1501	1400.00 OP
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 I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

Mark R. Buscher	(Depositor's name)
	(Signature)
March 18, 2005	
(Date)	

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/835,710	03/16/2001	Franciscus Bernardus Gemma Benneker	POT-010US9	9651

TITLE OF INVENTION: 4-PHENYLPYPERIDINE COMPOUNDS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	03/23/2005
EXAMINER	ART UNIT	CLASS-SUBCLASS			
CHANG, CELIA C	1625	S46-197000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.36).

2. For printing on the patent front page, list

Mark R. Buscher

- Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.
- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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2.
3.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Synthon BCT Technologies, LLC

Chapel Hill, NC

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

4b. Payment of Fee(s):

- Issue Fee
- Publication Fee (No small entity discount permitted)
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- Payment by credit card. Form PTO-2038 is attached.
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5. Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(b)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to reapply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Date 3/18/2005

Typed or printed name Mark R. Buscher

Registration No. 35,006

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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MARK R. BUSCHER703 753 5256 (TEL)
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COMPANY: USPTO	DATE: 3/18/2005
FAX NUMBER: (703) 746 4000	TOTAL NO. OF PAGES INCLUDING COVER: 2+1
PHONE NUMBER:	SENDER'S REFERENCE NUMBER:
RE: USSN:09/855,710	YOUR REFERENCE NUMBER: SYN-0013B

Attached are:

1. Issue Fee Transmittal (PTOL-85); and
2. Credit Card Payment form (PTO-2038)

P.O. Box 161, Catharpin, VA 20143

PAGE 1/3 * RCVD AT 3/18/2005 12:21:41 AM [Eastern Standard Time] * SVR:USPTO-EFXRF-2/0 * DNI:7464000 * CSID:7037539852 * DURATION (mm:ss):01:38